

FILED NOV 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37417**
5025

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY **JACKSON**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI** b. COUNTY **JACKSON**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **KANSAS CITY**

c. CITY OR TOWN **53 KANSAS CITY**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **VETERANS ADMINISTRATION HOSPITAL**

STREET ADDRESS (If rural, give location) **3543 FLORA**

3. NAME OF DECEASED
a. (First) **Joseph** b. (Middle) _____ c. (Last) **Helden**

4. DATE OF DEATH (Month) (Day) (Year) **October 26, 1954**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **N ever married**

8. DATE OF BIRTH **June 2, 1895**

9. AGE (In years last birthday) **59**
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Carpenter SELF EMPLOYED**

10b. KIND OF BUSINESS OR INDUSTRY **Building**

11. BIRTHPLACE (City and State or Foreign Country) **Kansas City, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Alfred Henry Helden**

13b. MOTHER'S MAIDEN NAME **Ellen Serridge**

14. NAME OF HUSBAND OR WIFE **none**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes WWT**

16. SOCIAL SECURITY NO. **unknown**

17. INFORMANT'S SIGNATURE OR NAME **VA Hospital, Official Records, K.C. Mo** ADDRESS _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **H emorrhage from obstructing penetrating duodenal ulcer**
INTERVAL BETWEEN ONSET AND DEATH **30 Min.**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
5410

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ VA _____ m. _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Oct. 25, 1954**, to **Oct. 26, 1954**, ~~XXXXXXXXXXXXXXXXXXXX~~ and that death occurred at **11:15P m.**, from the causes and on the date stated above.

23a. SIGNATURE **Bothea Weidright MD** (Degree or title) **D**

23b. ADDRESS **VA Hospital, Kansas City, Mo**

23c. DATE SIGNED **10/27/54**

24a. PORTAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **Oct. 30, 1954**

24c. NAME OF CEMETERY OR CREMATORY **Forest Hill Cemetery**

24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **10-30-54** REGISTRAR'S SIGNATURE **Neva Marshall**

25. FUNERAL DIRECTOR'S SIGNATURE **N. J. Newman** ADDRESS **137 BANKERS BUILDING KANSAS CITY, MISSOURI**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert A. Boyer*.....

Licensed Embalmer No. *489*

P. O. Address *K.C. 10, 1*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.